

TB Times

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MDR-TB Management 1998

MDR-TB is presently defined as TB that is resistant to at least both INH and rifampin. MDR-TB is not more virulent than drug-sensitive TB, but is much harder to cure since treatment involves use of more toxic, less effective drugs given for longer durations (18-24 months post culture conversion to negative). In 1993, the MDR-TB Unit of TB Control was created to ensure that these difficult cases complete treatment and to prevent the spread of MDR-TB. To date, there have been no outbreaks of MDR-TB in Los Angeles County.

MDR-TB cases in Los Angeles County differ from those in New York City. The majority of Los Angeles cases have acquired drug resistance, usually as a result of prior noncompliance to treatment here or abroad. A minority of the cases are HIV-seropositive. Since 1994, the total number of MDR-TB cases and the proportion of MDR cases compared to the total number of cases reported annually have declined. The proportion of MDR-TB cases in Los Angeles County (1.1% in 1996) is below that of the USA. Still, MDR-TB cases in Los Angeles County present considerable psychosocial as well as medical challenges and consume significant TB Control resources. (*cont'd on page 2*)

Los Angeles County Participates in CDC Contact Investigation Study

A team of CDC researchers led by Dr. Zachary Taylor recently visited several Health Centers in Los Angeles County to gather TB contact information for a national study. This study will examine approaches and barriers to successful outcomes of TB contact investigations in selected US public health clinics. This involves extensive review of charts of index cases and the contacts linked to them. While in Los Angeles, 90 index case charts and 538 contact charts were reviewed in four health centers.

Conferences

TB Conferences on the first Friday of the month are held in the Andrew Norman Hall of Orthopaedic Hospital, located at Adams Blvd. & Flower Street. The Physician Case Presentations on the third Friday of the month are held at the TB Control Program Office, Room 506A. Participants must sign-in to receive applicable CME credit. Late arrivals of 15 minutes for a 1 hour program or 30 minutes for a 2 hour program will not receive CME credit.

September 4, 1998

9:00-10:15a.m.

*"Medical Management of
Mycobacterium bovis"*

Vu Dinh Minh, M.D.

Chest Clinician, South Health Center

10:30-11:30a.m.

TB Case Presentation/Discussion

Hanh Q. Lê, M.D.

September 18, 1998

Physician Case Presentations

Hanh Q. Lê, M.D.

TB Control Classroom, #506A

Community Worker Quarterly Inservice

September 4, 1998

TB Program Office

11:00-12:00

Community Worker Half Day Inservice

September 15, 1998

TB Program Office

8:30-12:30

Community Worker One Day Inservice

September 30, 1998

TB Program Office

8:30-4:30

ERN Quarterly Inservice

November 6, 1998

MDR-TB, cont'd

The many health care providers in each of the County's public health centers deserve thanks and credit for caring and curing MDR-TB cases, for identifying and treating contacts to MDR-TB, and for protecting the health of the community by preventing the spread of MDR-TB.

(Based on comments made by Annette T. Nitta, M.D., at the August 1998 Orthopaedic Hospital TB Conference).

CDC Study, cont'd

Other health department TB programs participating in this study include: Atlanta, Chicago, Houston, San Diego, Oakland, San Francisco, San Jose, NYC, Newark, Memphis and Seattle. Los Angeles TB Control Program appreciates and thanks all of those who participated in helping with the organization of the charts needed for this review. The CDC team will be returning in mid-September and again in October to complete the LA portion of this nationwide study. -J. Elliott.

Bridging the Gap between TB and HIV

Michi Ota, R.N., PHN, a long-time worker in the fight against both tuberculosis and HIV at LAC/USC Medical Center recently made an oral and poster presentation at the 12th International AIDS Conference in Geneva regarding her role as HIV/TB Liaison Nurse in the HIV Clinic. She believes that TB/HIV co-infection will continue to be a major world health problem into the near future and that nurses will play a major role in managing and caring for these patients. Her role in the clinic is to facilitate communication between the patients' health care providers. Since most TB and HIV co-infected patients are seen by separate clinics, it is essential to maintain good communication between these medical providers. Better communication regarding TB and HIV means better medical care for these patients and hence, an improved quality of life.

It has been a long time dream of Michi to bridge the gap that exists between HIV and TB patient care. She and Dr. Brenda Jones, through the TB/HIV Observational study at LAC/USC Medical Center, are making significant headway towards that goal.

TB and HIV, cont'd

TB Control congratulates Michi for attaining wide recognition for her role as a nurse caring not only for HIV and TB, but also for her contributions working with the homeless.

Tuberculosis and Gender

According to the Global Tuberculosis (TB) Programme of the World Health Organization (WHO), TB is the single most common killer of young women. Some startling facts reveal that more than 900 million women and girls are infected with TB worldwide, and one million will die of this infectious disease each year. The average age of females affected by this illness is during the reproductive years, between 15 and 44 years of age and is considered by the World Bank, WHO and Harvard University as healthy years lost.

WHO and the Swedish International Development Cooperation Agency are working together on research addressing concerns and difficulties faced by women relating to TB. Focus will be placed on TB and pregnancy, biological, epidemiological, social and cultural differences in the occurrence of TB in men and women, adherence to treatment and patient education. This research will be the first of its kind in addressing this problem which is responsible for 9% of the death rate worldwide for this group. Attention will also be given to improving access to DOT, flexible clinic hours, and developing trained health care workers who can respond to women's needs and implement user-friendly DOT.

Through hard work and determination these rates can be reduced and the women of the world can lead happier, healthier lives! -J. Elliott.

Belmont Adult School Outreach Screening

In May of 1998, the American Lung Association of Los Angeles County, in collaboration with the Los Angeles County Department of Health Services' T.B. Control Program and Central Health Center, provided a tuberculosis education and screening program for the Belmont Adult School English as a Second Language (ESL) Program.

The overall goals were to educate at-risk persons about TB, to identify individuals who would benefit from preventive therapy and to detect persons with possible TB disease who would need further evaluation and treatment. This was achieved by providing on-site Mantoux TB skin testing and chest radiographs for at risk adults who would otherwise not be screened.

Classroom-based health education was provided to three hundred (300) students, from which two hundred twenty seven (227), or 75.6%, elected to receive a free Mantoux skin test. From this group, two hundred two (202) people, or 89%, returned to receive the test results. More than half of this group, (106), or 52.5%, individuals presented with a positive reaction to the skin test. The positive reactors were provided chest x-ray examinations through a contracted mobile van at the school site immediately following the TST reading. A total of one hundred four (104) chest x-rays were administered to the positive reactors. Out of that group, one (1) suspect was identified, seventy (70) were advised to have preventive therapy, and thirty-five (35) persons did not meet the criteria for preventive therapy. Individuals who did not return for follow-up skin test readings were contacted by public health nurses.

This outreach required several months of planning by staff from Belmont Adult School, Central Health Center and the TB Control Program. A primary reason for the success of this program was the high level of cooperation among all the agencies and individuals involved. Special thanks to Dr. Magda Bartok, District Health Officer and Deborah Davenport, Nurse Manager, of Central Health Center, members of the TB Control Health Education staff, Manuel Aguilera and Jimmy Ruiz, the volunteer nurses from the American Lung Association, the dedicated public health nurses, TB committee volunteer members, the staff at Belmont Adult School, in particular Jack Behrendt, Assistant Principal, and Wendi Drummond, Epidemiology Analyst at TB Control, who provided data analysis. The project was supported by a generous grant from the Hollywood Presbyterian/Queen of Angels Medical Center. -B. Miodovski.

Nutritional News!! Without a refrigerator or a place to cook?

A homeless person is an individual who lacks a fixed, regular and adequate conventional dwelling or residence. With the uncertainty of shelter that faces a homeless person each night, food security is only another battle to overcome. Eating from restaurant dumpsters or unsafe leftovers from the day before can potentially cause serious, even life threatening, food poisonings. The following list of food items are practical, portable food choices with nutritional substance that may begin to address the issue of inadequate and safe foods.

Foods that safely go where you go!

Whole Wheat Breads - bagels, tortillas, multi-grain rolls.

Cereals - single packets are easy to transport and are more acceptable to a child (dry cereals, oatmeal).

Crackers - all types, including peanut butter, graham and saltines.

Fruits and Veggies - fresh or canned.

100% fruit juice - single serving box juices are great.

Dried Fruits - raisins, apricots, cherries, prunes.

Fruit Cups - single servings.

Milk - evaporated, cold single servings, aseptic (Parmalat).

Cottage Cheese - small or single serve size.

Hard-cooked eggs

Tuna, sardines, salmon, chicken - canned, single portion.

Nuts - peanuts, walnuts, cashews or almonds, Peanut Butter.

Beans - canned baked beans, pinto, kidney, black or garbanzo.

Other items - dried or canned soups, Cup-a-Soup, Jell-O-cups, noodle soups, Instant breakfast drinks, plain cookie wafers and granola bars.

Free Food and Nutrition Resources

Food '98: The 1998 Directory to Free and Low Cost Food Resources is now available. Fax your name, address and request to the Nutrition Program at 213-250-0612 to receive the publication. The first 100 requests are free! (Limit one food directory per request). You can purchase a copy for \$3 from the L.A. Coalition to End Hunger & Homelessness by calling 213-746-6511.

Tuberculosis Cases by Health District Los Angeles County, July 1998 (Provisional Data)*

Health District	July 1998	July 1997	Year to Date 1998	Year to Date 1997
Alhambra	11	10	44	41
Antelope Valley	0	2	6	12
Bellflower	4	5	17	25
Central	19	15	70	69
Compton	2	6	13	21
East Los Angeles	4	1	16	12
East Valley	5	2	18	13
El Monte	2	1	15	20
Foothill	4	1	14	10
Glendale	2	8	23	37
Harbor	1	2	4	6
Hollywood	4	9	57	48
Inglewood	2	4	30	35
Northeast	8	3	22	23
Pomona	9	6	31	17
San Antonio	6	1	24	24
San Fernando	2	2	26	14
South	1	2	20	20
Southeast	0	3	15	14
Southwest	1	5	32	29
Torrance	6	2	28	18
West	4	4	20	24
West Valley	5	7	38	38
Whittier	2	7	22	28
Unassigned	1	2	7	12
TOTAL	105	110	612	610

*The overall yearly percent change from 1997 to 1998 is .3%.

PUBLIC HEALTH PROGRAMS AND SERVICES
TUBERCULOSIS CONTROL
2615 South Grand Avenue, Room 507
Los Angeles, Ca. 90007
(213) 744-6229 FAX (213) 749-0926

Friday, September 4, 1998 9:00 AM - 12:00 PM
Current Issues in Tuberculosis - 2 CME Units

Orthopaedic Hospital
2400 South Flower Street
(Corner of Adams and Flower Streets)

AGENDA

8:30 - 9:00 am	Registration and Sign-In (Andrew Norman Hall)
9:00 - 10:00 am	Medical Management of <i>Mycobacterium bovis</i> Vu Dinh Minh, M.D., Chest Clinician, South Health Center Hanh Quoc Le, M.D., Associate Medical Director, TB Control
10:00 - 10:15 am	Questions
10:15 - 10:30 am	Break
10:30 - 11:30 am	TB Case Presentations/Discussions Hanh Quoc Le, M.D., Associate Medical Director, TB Control

Friday, September 18, 1998 9:00 AM - 11:30 AM
Journal Article Review and TB Case Presentations - 2 CME Units

Tuberculosis Control Program
2615 South Grand Avenue, Room 506A
Los Angeles, CA 90007

AGENDA

8:30 - 9:00 am	Registration and Sign-In (TB Control Classroom, Room 506A)
9:00 - 10:00 am	Journal Article Review and TB Case Presentations/Discussions Hanh Quoc Le, M.D., Associate Medical Director, TB Control
10:00 - 10:15 am	Break
10:15 - 11:30 am	TB Case Presentations/Discussions, Continued

Course Description:

The focus of the September 4th session is on the medical management and public health implications of *M. bovis* disease. The presentation will review the epidemiology and pathogenesis plus diagnostic and treatment principles of *M. bovis*. Dr. Minh will offer a case presentation and Dr. Le will follow with comments. In part 2, difficult cases are presented to enable participants to apply knowledge learned in the course. On September 18th, journal articles are reviewed and difficult or complex cases are presented.

Target Audience:

September 4: Physicians, Nurses, Health Educators, Community Workers, Social Workers, and Public Health Investigators.
September 18: Physicians.

Credit:

This is part of a monthly series of 2 day courses which discuss current issues in tuberculosis. This program is applicable for 1 CME unit per hour on the first day for physicians and nurses and 2 CME units for physicians for the second day session. Although the program is approved for 2 CME units, the case presentation session may not apply to all RNs. Therefore, participants staying for the 9 - 10 am session only will receive 1 CME unit. Participants arriving more than 15 minutes late for a 1 hour program or 30 minutes late for a 2 hour program will not be granted a CME certificate.

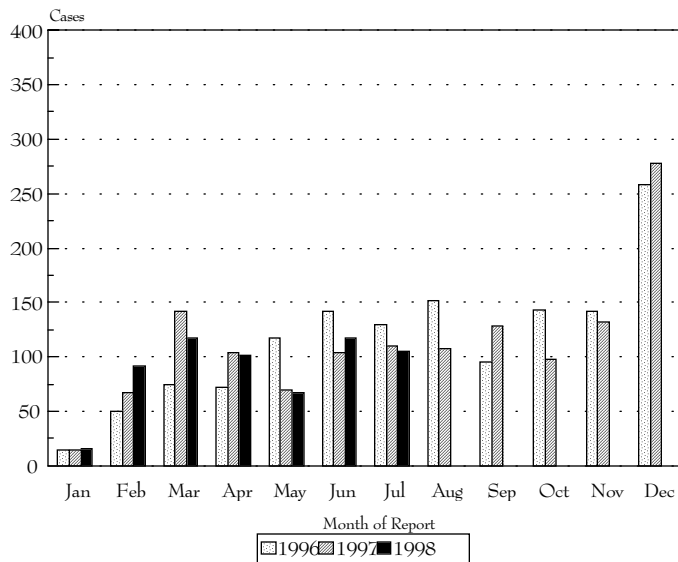
Educational Objectives:

This educational session will enable participants to:

1. Describe the transmission and pathogenesis of *M. bovis*.
2. Review the clinical presentation of *M. bovis* disease.
3. Describe the public health implications of *M. bovis*.
4. Discuss the treatment of *M. bovis* disease.
5. Describe chest x-ray changes in tuberculosis.
6. Apply the latest ATS/CDC recommendations regarding treatment.

PROGRAM OFFERED BY AN ACCREDITED D CMA - CME PROVIDER
PROGRAM IS NOT COMMERCIALY SUPPORTED

Los Angeles County Tuberculosis Control Tuberculosis Incidence By Month of Report, 1996-1998



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TB Times is a monthly publication to provide information to those interested in TB surveillance and TB Control Program activities. Please forward your articles, comments or suggestions to:

TB Times

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TB Times

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August Topics of Interest...

- ⇒ MDR-TB Management 1998
- ⇒ CDC Contact Investigation Study
- ⇒ Bridging the Gap between TB and HIV
- ⇒ Belmont Adult School Outreach Screening
- ⇒ Nutrition News